

STATE OF IDAHO
CERTIFICATION OF VITAL RECORD

STATE OF IDAHO
IDAHO DEPARTMENT OF HEALTH AND WELFARE
BUREAU OF VITAL RECORDS AND HEALTH STATISTICS
CERTIFICATE OF DEATH

Date Filed DECEMBER 02, 2013

State File No. 2013-11003

DECEDENT - LEGAL NAME MARY LOUISE SHEPHERD			
SEX FEMALE	SOCIAL SECURITY NUMBER	AGE 80 YEARS	DATE OF BIRTH APRIL 18, 1933
BIRTHPLACE SPOKANE, WASHINGTON		PLACE OF RESIDENCE WALLACE, IDAHO	
MARITAL STATUS AT TIME OF DEATH MARRIED		NAME OF SURVIVING SPOUSE (if wife, maiden name) JAMES V. SHEPHERD	WAS DECEDENT EVER IN U.S. ARMED FORCES? NO
FATHER - NAME HEBER S. PAYNE			BIRTHPLACE IDAHO
MOTHER - MAIDEN NAME GEORGIA M. CASLER			BIRTHPLACE SOUTH DAKOTA
METHOD OF DISPOSITION BURIAL		FUNERAL SERVICE LICENSEE DEBBIE C. MIKESELL	
NAME AND ADDRESS OF FUNERAL FACILITY SHOSHONE FUNERAL SERVICES, INC., KELLOGG, IDAHO			
DATE OF DEATH NOV. 27, 2013	TIME OF DEATH 8:50 A.M.	CITY TOWN OR LOCATION OF DEATH WALLACE, IDAHO	COUNTY OF DEATH SHOSHONE
CAUSE OF DEATH (underlying cause last) a. ALZHEIMERS DEMENTIA			Approximate Interval Between Onset and Death 4 YEARS
b. DUE TO (or as a consequence of):			
c. DUE TO (or as a consequence of):			
d. DUE TO (or as a consequence of):			
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not resulting in the underlying cause given above NONE STATED			WAS AN AUTOPSY PERFORMED? NO
MANNER OF DEATH NATURAL	NAME OF CERTIFIER SCOTT A. REED, M.D.		TITLE PHYSICIAN
CORONER SUBSEQUENT CERTIFICATION IF NECESSARY			
EXTERNAL CAUSES ONLY			
DATE OF INJURY	TIME OF INJURY	PLACE OF INJURY	INJURY AT WORK?
LOCATION WHERE INJURY OCCURRED			
DESCRIPTION OF HOW INJURY OCCURRED			

This is a true and correct reproduction of the document officially registered and placed on file with the IDAHO BUREAU OF VITAL RECORDS AND HEALTH STATISTICS.

DECEMBER 02, 2013
DATE ISSUED: _____

This copy not valid unless prepared on engraved border displaying state seal and signature of the Registrar.

PENCD 1871 (2/12)

James B. Aydelotte
JAMES B. AYDELOTTE
STATE REGISTRAR



STATE OF IDAHO
DEPARTMENT OF WATER RESOURCES

Notice of Change in Water Right Ownership

1. List the numbers of all water rights and/or adjudication claim records to be changed. If you only acquired a portion of the water right or adjudication claim, check "Yes" in the "Split?" column.

Water Right/Claim No.	Split?	Water Right/Claim No.	Split?	Water Right/Claim No.	Split?
94-8264	Yes ☐		Yes ☐		Yes ☐
94-8265	Yes ☐		Yes ☐		Yes ☐
	Yes ☐		Yes ☐		Yes ☐
	Yes ☐		Yes ☐		Yes ☐
	Yes ☐		Yes ☐		Yes ☐

2. Previous Owner's Name: James V & Mary Louise Shepherd
Name of current water right holder/claimant

3. New Owner(s)/Claimant(s): James V. Shepherd
New owner(s) as listed on the conveyance document

8270 N Answorth Dr Hayden ID 83835
Mailing address City State ZIP
(208) 719-0017
Telephone Email

4. If the water rights and/or adjudication claims were split, how did the division occur?
- ☐ The water rights or claims were divided as specifically identified in a deed, contract, or other conveyance document.
 - ☐ The water rights or claims were divided proportionately based on the portion of their place(s) of use acquired by the new owner.
5. Date you acquired the water rights and/or claims listed above: _____
6. If the water right described herein has been rented from the Water Supply Bank, rental proceeds will be disbursed in the following manner regardless of any arrangements between the buyer(s) and seller(s) to the contrary:
- Rental payments will go to the lessor(s) of record at the beginning of the rental season.
 - If a change in ownership is processed by the Department during a rental season, rental payment will be made to the person or entity who is the lessor of record at the beginning of that rental season.
 - New lessor(s) of record will receive payment after the following rental season.
7. This form must be signed and submitted with the following **REQUIRED** items:
- A copy of the conveyance document – warranty deed, quitclaim deed, court decree, contract of sale, etc. The conveyance document must include a legal description of the property or description of the water right(s) if no land is conveyed.
 - Plat map, survey map or aerial photograph which clearly shows the place of use and point of diversion for each water right and/or claim listed above (if necessary to clarify division of water rights or complex property descriptions).
 - Filing fee (see instructions for further explanation):
 - \$25 per *undivided* water right.
 - \$100 per *split* water right.
 - No fee is required for pending adjudication claims.

8. Signature: James V. Shepherd 12-4-15
Signature of new owner/claimant Title, if applicable Date

Signature: _____
Signature of new owner/claimant Title, if applicable Date

For IDWR Office Use Only:

Received by N/A Date N/A Receipt No. N/A Receipt Amt. N/A
 Approved by 2W Processed by 2W Date 12-4-2015